

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12813, 126

FILING DATE

APPLICANT(S)

3-21-04 9-17-08

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1		1			
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		9		10		
11		9		10		
12		9		10		
13		3		3		
14						
15						
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48						
49						
50						
TOTAL IND.	3	1	2	1		
TOTAL DEP.	30		24			
TOTAL CLAIMS	33		26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS